FILED UNDER SEAL

Exhibit B

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BOULEVARD
BALTIMORE, MARYLAND 21244-1850

CENTER FOR MEDICARE

February 22, 2024

Reconsideration Determination for H2593

Dear Ms. Turano,

Elevance Health's contract H2593 requested an administrative reconsideration of its 2025 Quality Bonus Payment (QBP) determination. The request was based on the 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. I reviewed the QBP determination, the evidence and findings upon which the initial determination was based, and the additional information your organization submitted. As a result of my review, CMS will update the QBP rating for H2593 to 3 stars. **This reconsideration decision is final and binding unless a request for an informal hearing is filed in accordance with the instructions provided in this reconsideration decision notice.**

With respect to call number C1201004, I have no decision to make because H2593 already has a 5 Star Rating for C30, the measure into which this specific call factors. There is no possible change to this Star Rating, so I have no decision to render. With respect to call number D2000386, I have determined that the call should be removed from the results. In this call, "the chat window closed unexpectedly while waiting on the live screen." I do not find that CMS has demonstrated that the reason for this closure could be associated with the 711 relay service. With no clearly identified failure by Elevance's selected service, I cannot attribute the failure to Elevance. This would then make the score for D01 a 100% success rate, which merits a 5 Star Rating on D01. This decision renders the issue of cut points for D01 moot and I render no decision on that issue.

The administrative review process is a two-step process that includes a request for reconsideration and a request for an informal hearing on the record. This notice of the contract's reconsideration determination concludes the first step of the administrative review process. If your organization is dissatisfied with this reconsideration decision, the contract may request an informal hearing on the record to be conducted by a hearing officer designated by CMS.

The informal hearing request must pertain only to the measures and values in question that precipitated the request for reconsideration, in this case 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. The request must include a statement that describes the error(s) the contract asserts CMS made in its QBP determination and how correction of those errors could result in the

organization's qualification for a higher QBP. In making the request your organization must provide clear and convincing evidence that this reconsideration determination is incorrect. The burden is on the MA organization to prove an error was made in the calculation of its QBP. The hearing officer's decision will be final and binding on both the MA organization and CMS.

In the event that the hearing officer finds that your organization's QBP determination was incorrect, CMS will be obligated to recalculate the organization's QBP status based on that finding. The recalculation could cause your organization's QBP to become higher *or lower*. In some instances, the recalculation of the measures may not cause the Star Rating to rise above the cut off for the higher QBP Star Rating.

Pursuant to the MA organization's agreement with CMS, the deadline for providing written notice requesting an informal hearing under 42 C.F.R. § 422.260(c)(2) is five business days from the issuance of this reconsideration decision, not ten days. Request for an informal hearing on the record regarding the 2025 QBP determination is made by completing the Attachment, "Request for an Informal Hearing," and e-mailing the completed form and supporting documentation to QBPAPPEALS@cms.hhs.gov by **5:00 p.m. EST on February 29, 2024. A request for an informal hearing must be submitted by the date and time above or this reconsideration decision is final and binding.** Please ensure you receive confirmation from the mailbox that your request was received.

Any questions regarding this decision may be submitted to QBPAPPEALS@cms.hhs.gov.

Sincerely,

Jeffrey Grant -S Digitally signed by Jeffrey Grant -S
Date: 2024.02.22 16:43:20 -05'00'

Jeff Grant, CMS Reconsideration Official
Deputy Director for Operations
Center for Consumer Information and Insurance Oversight

Attachment: Request for an Informal Hearing

Attachment B - Request for Informal Hearing

Note: The QBP administrative review process is a two-step process which includes: 1) a request for reconsideration, and 2) a request for an informal hearing after CMS has rendered its reconsideration decision. Both steps are conducted at the contract level. The burden is on the MA organization to prove that the reconsideration decision was incorrect.

Instructions: Use only the "Request for Informal Hearing" form provided with the reconsideration decision. One form must be submitted for each contract for which reconsideration is requested. Complete the identifiable information including all contact information. Please enable Macros in this form. Mark an "X" next to the measure(s) that is the basis for the Request for Informal Hearing. Do not mark any measures for which you did not request a reconsideration. Please attach full documentation that supports your request for an informal hearing on the record. Save the information, include your contract number in the filename, and e-mail the completed form along with any additional documentary evidence to be considered to QBPAPPEALS@cms.hhs.gov by the due date.

Due Date: A Request for Informal Hearing is made by completing this form and e-mailing the form to QBPAPPEALS@cms.hhs.gov by 5:00 p.m. EST on February 29, 2024. No late requests will be accepted.

Contract Number (5 character CMS assigned code):	
Contact First Name (your first name):	
Contact Last Name (your last name):	
Contact Title (your job title):	
Contact Phone Number (your phone number, include extension if necessary):	
Contact email address (your email address):	

Overall Rating	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
		Miscalculation	Incorrect Data	
QBP/Overall Rating	Star Ratings		Not Appealable	

Part C Measures	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
		Miscalculation	Incorrect Data	
C01-Breast Cancer Screening	HEDIS		Not Appealable	
C02-Colorectal Cancer Screening	HEDIS		Not Appealable	
C03-Annual Flu Vaccine	CAHPS		Not Appealable	
C04-Monitoring Physical Activity	HEDIS / HOS		Not Appealable	
C05-Special Needs Plan (SNP) Care Management	Part C Plan Reporting		Not Appealable	
C06-Care for Older Adults – Medication Review	HEDIS		Not Appealable	
C07-Care for Older Adults – Pain Assessment	HEDIS		Not Appealable	
C08-Osteoporosis Management in Women who had a Fracture	HEDIS		Not Appealable	
C09-Diabetes Care – Eye Exam	HEDIS		Not Appealable	
C10-Diabetes Care – Blood Sugar Controlled	HEDIS		Not Appealable	
C11-Controlling Blood Pressure	HEDIS		Not Appealable	
C12-Reducing the Risk of Falling	HEDIS / HOS		Not Appealable	
C13-Improving Bladder Control	HEDIS / HOS		Not Appealable	
C14-Medication Reconciliation Post-Discharge	HEDIS		Not Appealable	
C15-Plan All-Cause Readmissions	HEDIS		Not Appealable	
C16-Statin Therapy for Patients with Cardiovascular Disease	HEDIS		Not Appealable	
C17-Transitions of Care	HEDIS		Not Appealable	
C18-Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	HEDIS		Not Appealable	
C19-Getting Needed Care	CAHPS		Not Appealable	
C20-Getting Appointments and Care Quickly	CAHPS		Not Appealable	
C21-Customer Service	CAHPS		Not Appealable	
C22-Rating of Health Care Quality	CAHPS		Not Appealable	
C23-Rating of Health Plan	CAHPS		Not Appealable	
C24-Care Coordination	CAHPS		Not Appealable	
C25-Complaints about the Health Plan	CTM		Not Appealable	
C26-Members Choosing to Leave the Plan	MBDSS		Not Appealable	
C27-Health Plan Quality Improvement	Star Ratings		Not Appealable	
C28-Plan Makes Timely Decisions about Appeals	IRE			
C29-Reviewing Appeals Decisions	IRE			
C30-Call Center – Foreign Language Interpreter and TTY Availability	Call Center			

Part D Measures	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
		Miscalculation	Incorrect Data	
D01-Call Center – Foreign Language Interpreter and TTY Availability	Call Center			
D02-Complaints about the Drug Plan	CTM	Not Applicable	Not Applicable	Not appealable, use Part C measure C25 above.
D03-Members Choosing to Leave the Plan	MBDSS	Not Applicable	Not Applicable	Not appealable, use Part C measure C26 above.
D04-Drug Plan Quality Improvement	Star Ratings		Not Appealable	
D05-Rating of Drug Plan	CAHPS		Not Appealable	
D06-Getting Needed Prescription Drugs	CAHPS		Not Appealable	
D07-MPF Price Accuracy	PDE, MPF Pricing		Not Appealable	
D08-Medication Adherence for Diabetes Medications	PDE		Not Appealable	
D09-Medication Adherence for Hypertension (RAS antagonists)	PDE		Not Appealable	
D10-Medication Adherence for Cholesterol (Statins)	PDE		Not Appealable	
D11-MTM Program Completion Rate for CMR	Part D Plan Reporting		Not Appealable	
D12-Statin Use in Persons with Diabetes (SUPD)	PDE data		Not Appealable	
Additional Comments (Please provide any additional information relevant to your request)				

From: CMS QBPAPPEALS
To: Medicare CO
Cc: Turano, Michelle; Knodel, Sarah; SHamilton@reedsmith.com; LParkin@reedsmith.com; LReynolds@reedsmith.com; Galle, Robert C.; Dewane, Jennifer; Pick, Keith
Subject: RE: H4036 - Reconsideration Submission
Date: Thursday, February 22, 2024 4:54:00 PM
Attachments: Attachment-Informal Hearing_Form_2025_2.xlsm
image001.png
QBP Decision Letter Elevance Health- H4036.pdf

Attached please see information related to your Request for Reconsideration.

From: Medicare CO MedicareCO@anthem.com
Sent: Friday, November 17, 2023 2:32 PM
To: CMS QBPAPPEALS QBPAPPEALS@cms.hhs.gov
Cc: Medicare CO <MedicareCO@anthem.com>; Turano, Michelle <michelle.turano@elevancehealth.com>; Knodel, Sarah <sarah.knodel@elevancehealth.com>; SHamilton@reedsmith.com; LParkin@reedsmith.com; LReynolds@reedsmith.com; Galle, Robert C. <robert.galle@elevancehealth.com>; Dewane, Jennifer <Jennifer.Dewane@elevancehealth.com>; Pick, Keith <keith.pick2@elevancehealth.com>
Subject: H4036 - Reconsideration Submission

Good Afternoon,

Pursuant to 42 C.F.R. § 422.260, Elevance Health seeks reconsideration of the Star ratings and quality bonus payment determinations of the above-referenced contract. In support of this request, attached hereto is the Reconsideration Form and supporting evidence. We kindly ask that you confirm receipt of this submission via response email.

Thank you.

Michelle Turano
Vice President, Compliance - Government Business Division
Medicare & Medicaid Compliance Officer
5411 Sky Center Dr., Tampa, Florida 33607
Phone: 813-295-1367
Michelle.turano@elevancehealth.com

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BOULEVARD
BALTIMORE, MARYLAND 21244-1850

CENTER FOR MEDICARE

February 22, 2024

Reconsideration Determination for H4036

Dear Ms. Turano,

Elevance Health's contract H4036 requested an administrative reconsideration of its 2025 Quality Bonus Payment (QBP) determination. The request was based on the 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. I reviewed the QBP determination, the evidence and findings upon which the initial determination was based, and the additional information your organization submitted. As a result of my review, CMS will update the QBP rating for H4036 to 4 stars. **This reconsideration decision is final and binding unless a request for an informal hearing is filed in accordance with the instructions provided in this reconsideration decision notice.**

With respect to call number C1201004, I have no decision to make because H4036 already has a 5 Star Rating for C30, the measure into which this specific call factors. There is no possible change to this Star Rating, so I have no decision to render. With respect to call number D2000386, I have determined that the call should be removed from the results. In this call, "the chat window closed unexpectedly while waiting on the live screen." I do not find that CMS has demonstrated that the reason for this closure could be associated with the 711 relay service. With no clearly identified failure by Elevance's selected service, I cannot attribute the failure to Elevance. This would then make the score for D01 a 100% success rate, which merits a 5 Star Rating on D01. This decision renders the issue of cut points for D01 moot and I render no decision on that issue.

The administrative review process is a two-step process that includes a request for reconsideration and a request for an informal hearing on the record. This notice of the contract's reconsideration determination concludes the first step of the administrative review process. If your organization is dissatisfied with this reconsideration decision, the contract may request an informal hearing on the record to be conducted by a hearing officer designated by CMS.

The informal hearing request must pertain only to the measures and values in question that precipitated the request for reconsideration, in this case 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. The request must include a statement that describes the error(s) the contract asserts CMS made in its QBP determination and how correction of those errors could result in the organization's qualification for a higher QBP. In making the request your organization must

provide clear and convincing evidence that this reconsideration determination is incorrect. The burden is on the MA organization to prove an error was made in the calculation of its QBP. The hearing officer's decision will be final and binding on both the MA organization and CMS.

In the event that the hearing officer finds that your organization's QBP determination was incorrect, CMS will be obligated to recalculate the organization's QBP status based on that finding. The recalculation could cause your organization's QBP to become higher *or lower*. In some instances, the recalculation of the measures may not cause the Star Rating to rise above the cut off for the higher QBP Star Rating.

Pursuant to the MA organization's agreement with CMS, the deadline for providing written notice requesting an informal hearing under 42 C.F.R. § 422.260(c)(2) is five business days from the issuance of this reconsideration decision, not ten days. Request for an informal hearing on the record regarding the 2025 QBP determination is made by completing the Attachment, "Request for an Informal Hearing," and e-mailing the completed form and supporting documentation to QBPAPPEALS@cms.hhs.gov by **5:00 p.m. EST on February 29, 2024. A request for an informal hearing must be submitted by the date and time above or this reconsideration decision is final and binding.** Please ensure you receive confirmation from the mailbox that your request was received.

Any questions regarding this decision may be submitted to QBPAPPEALS@cms.hhs.gov.

Sincerely,

Jeffrey Grant -S Digitally signed by Jeffrey Grant -S
Date: 2024.02.22 13:39:10 -05'00'

Jeff Grant, CMS Reconsideration Official
Deputy Director for Operations
Center for Consumer Information and Insurance Oversight

Attachment: Request for an Informal Hearing

Attachment B - Request for Informal Hearing

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Due Date: A Request for Informal Hearing is made by completing this form and e-mailing the form to QBPAPPEALS@cms.hhs.gov by 5:00 p.m. EST on February 29, 2024. No late requests will be accepted.

Contract Number (5 character CMS assigned code):	
Contact First Name (your first name):	
Contact Last Name (your last name):	
Contact Title (your job title):	
Contact Phone Number (your phone number, include extension if necessary):	
Contact email address (your email address):	

Overall Rating	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
		Miscalculation	Incorrect Data	
QBP/Overall Rating	Star Ratings		Not Appealable	

Part C Measures	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
		Miscalculation	Incorrect Data	
C01-Breast Cancer Screening	HEDIS		Not Appealable	
C02-Colorectal Cancer Screening	HEDIS		Not Appealable	
C03-Annual Flu Vaccine	CAHPS		Not Appealable	
C04-Monitoring Physical Activity	HEDIS / HOS		Not Appealable	
C05-Special Needs Plan (SNP) Care Management	Part C Plan Reporting		Not Appealable	
C06-Care for Older Adults – Medication Review	HEDIS		Not Appealable	
C07-Care for Older Adults – Pain Assessment	HEDIS		Not Appealable	
C08-Osteoporosis Management in Women who had a Fracture	HEDIS		Not Appealable	
C09-Diabetes Care – Eye Exam	HEDIS		Not Appealable	
C10-Diabetes Care – Blood Sugar Controlled	HEDIS		Not Appealable	
C11-Controlling Blood Pressure	HEDIS		Not Appealable	
C12-Reducing the Risk of Falling	HEDIS / HOS		Not Appealable	
C13-Improving Bladder Control	HEDIS / HOS		Not Appealable	
C14-Medication Reconciliation Post-Discharge	HEDIS		Not Appealable	
C15-Plan All-Cause Readmissions	HEDIS		Not Appealable	
C16-Statin Therapy for Patients with Cardiovascular Disease	HEDIS		Not Appealable	
C17-Transitions of Care	HEDIS		Not Appealable	
C18-Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	HEDIS		Not Appealable	
C19-Getting Needed Care	CAHPS		Not Appealable	
C20-Getting Appointments and Care Quickly	CAHPS		Not Appealable	
C21-Customer Service	CAHPS		Not Appealable	
C22-Rating of Health Care Quality	CAHPS		Not Appealable	
C23-Rating of Health Plan	CAHPS		Not Appealable	
C24-Care Coordination	CAHPS		Not Appealable	
C25-Complaints about the Health Plan	CTM		Not Appealable	
C26-Members Choosing to Leave the Plan	MBDSS		Not Appealable	
C27-Health Plan Quality Improvement	Star Ratings		Not Appealable	
C28-Plan Makes Timely Decisions about Appeals	IRE			
C29-Reviewing Appeals Decisions	IRE			
C30-Call Center – Foreign Language Interpreter and TTY Availability	Call Center			

Part D Measures	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
		Miscalculation	Incorrect Data	
D01-Call Center – Foreign Language Interpreter and TTY Availability	Call Center			
D02-Complaints about the Drug Plan	CTM	Not Applicable	Not Applicable	Not appealable, use Part C measure C25 above.
D03-Members Choosing to Leave the Plan	MBDSS	Not Applicable	Not Applicable	Not appealable, use Part C measure C26 above.
D04-Drug Plan Quality Improvement	Star Ratings		Not Appealable	
D05-Rating of Drug Plan	CAHPS		Not Appealable	
D06-Getting Needed Prescription Drugs	CAHPS		Not Appealable	
D07-MPF Price Accuracy	PDE, MPF Pricing		Not Appealable	
D08-Medication Adherence for Diabetes Medications	PDE		Not Appealable	
D09-Medication Adherence for Hypertension (RAS antagonists)	PDE		Not Appealable	
D10-Medication Adherence for Cholesterol (Statins)	PDE		Not Appealable	
D11-MTM Program Completion Rate for CMR	Part D Plan Reporting		Not Appealable	
D12-Statin Use in Persons with Diabetes (SUPD)	PDE data		Not Appealable	
Additional Comments (Please provide any additional information relevant to your request)				

From: CMS QBPAPPEALS
To: Medicare CO
Cc: Turano, Michelle; Knodel, Sarah; SHamilton@reedsmith.com; LParkin@reedsmith.com; LReynolds@reedsmith.com; Galle, Robert C.; Dewane, Jennifer; Pick, Keith
Subject: RE: H5431 - Request for Reconsideration
Date: Thursday, February 22, 2024 4:53:00 PM
Attachments: Attachment-Informal Hearing_Form_2025_2.xlsm
image001.png
QBP Decision Letter Elevance Health- H5431.pdf

Attached please see information related to your Request for Reconsideration.

From: Medicare CO <MedicareCO@anthem.com>
Sent: Friday, November 17, 2023 2:38 PM
To: CMS QBPAPPEALS <QBPAPPEALS@cms.hhs.gov>
Cc: Medicare CO <MedicareCO@anthem.com>; Turano, Michelle <michelle.turano@elevancehealth.com>; Knodel, Sarah <sarah.knodel@elevancehealth.com>; SHamilton@reedsmith.com; LParkin@reedsmith.com; LReynolds@reedsmith.com; Galle, Robert C. <robert.galle@elevancehealth.com>; Dewane, Jennifer <Jennifer.Dewane@elevancehealth.com>; Pick, Keith <keith.pick2@elevancehealth.com>
Subject: H5431 - Request for Reconsideration

Good Afternoon,

Pursuant to 42 C.F.R. § 422.260, Elevance Health seeks reconsideration of the Star ratings and quality bonus payment determinations of the above-referenced contract. In support of this request, attached hereto is the Reconsideration Form and supporting evidence. We kindly ask that you confirm receipt of this submission via response email.

Thank you.

Michelle Turano
Vice President, Compliance - Government Business Division
Medicare & Medicaid Compliance Officer
5411 Sky Center Dr., Tampa, Florida 33607
Phone: 813-295-1367
Michelle.turano@elevancehealth.com

*You can confidentially report a compliance issue by calling the HelpLine at **877-725-2702.***

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BOULEVARD
BALTIMORE, MARYLAND 21244-1850

CENTER FOR MEDICARE

February 22, 2024

Reconsideration Determination for H5431

Dear Ms. Turano,

Elevance Health's contract H5431 requested an administrative reconsideration of its 2025 Quality Bonus Payment (QBP) determination. The request was based on the 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. I reviewed the QBP determination, the evidence and findings upon which the initial determination was based, and the additional information your organization submitted. As a result of my review, CMS will update the QBP rating for H5431 to 5 stars. **This reconsideration decision is final and binding unless a request for an informal hearing is filed in accordance with the instructions provided in this reconsideration decision notice.**

With respect to call number C1201004, I have no decision to make because H5431 already has a 5 Star Rating for C30, the measure into which this specific call factors. There is no possible change to this Star Rating, so I have no decision to render. With respect to call number D2000386, I have determined that the call should be removed from the results. In this call, "the chat window closed unexpectedly while waiting on the live screen." I do not find that CMS has demonstrated that the reason for this closure could be associated with the 711 relay service. With no clearly identified failure by Elevance's selected service, I cannot attribute the failure to Elevance. This would then make the score for D01 a 100% success rate, which merits a 5 Star Rating on D01. This decision renders the issue of cut points for D01 moot and I render no decision on that issue.

The administrative review process is a two-step process that includes a request for reconsideration and a request for an informal hearing on the record. This notice of the contract's reconsideration determination concludes the first step of the administrative review process. If your organization is dissatisfied with this reconsideration decision, the contract may request an informal hearing on the record to be conducted by a hearing officer designated by CMS.

The informal hearing request must pertain only to the measures and values in question that precipitated the request for reconsideration, in this case 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. The request must include a statement that describes the error(s) the contract asserts CMS made in its QBP determination and how correction of those errors could result in the organization's qualification for a higher QBP. In making the request your organization must

provide clear and convincing evidence that this reconsideration determination is incorrect. The burden is on the MA organization to prove an error was made in the calculation of its QBP. The hearing officer's decision will be final and binding on both the MA organization and CMS.

In the event that the hearing officer finds that your organization's QBP determination was incorrect, CMS will be obligated to recalculate the organization's QBP status based on that finding. The recalculation could cause your organization's QBP to become higher *or lower*. In some instances, the recalculation of the measures may not cause the Star Rating to rise above the cut off for the higher QBP Star Rating.

Pursuant to the MA organization's agreement with CMS, the deadline for providing written notice requesting an informal hearing under 42 C.F.R. § 422.260(c)(2) is five business days from the issuance of this reconsideration decision, not ten days. Request for an informal hearing on the record regarding the 2025 QBP determination is made by completing the Attachment, "Request for an Informal Hearing," and e-mailing the completed form and supporting documentation to QBPAPPEALS@cms.hhs.gov by **5:00 p.m. EST on February 29, 2024. A request for an informal hearing must be submitted by the date and time above or this reconsideration decision is final and binding.** Please ensure you receive confirmation from the mailbox that your request was received.

Any questions regarding this decision may be submitted to QBPAPPEALS@cms.hhs.gov.

Sincerely,

Jeffrey Grant -S Digitally signed by Jeffrey Grant -S
Date: 2024.02.22 13:59:34 -05'00'

Jeff Grant, CMS Reconsideration Official
Deputy Director for Operations
Center for Consumer Information and Insurance Oversight

Attachment: Request for an Informal Hearing

Attachment B - Request for Informal Hearing

Note: The QBP administrative review process is a two-step process which includes: 1) a request for reconsideration, and 2) a request for an informal hearing after CMS has rendered its reconsideration decision. Both steps are conducted at the contract level. The burden is on the MA organization to prove that the reconsideration decision was incorrect.

Instructions: Use only the "Request for Informal Hearing" form provided with the reconsideration decision. One form must be submitted for each contract for which reconsideration is requested. Complete the identifiable information including all contact information. Please enable Macros in this form. Mark an "X" next to the measure(s) that is the basis for the Request for Informal Hearing. Do not mark any measures for which you did not request a reconsideration. Please attach full documentation that supports your request for an informal hearing on the record. Save the information, include your contract number in the filename, and e-mail the completed form along with any additional documentary evidence to be considered to QBPAPPEALS@cms.hhs.gov by the due date.

Due Date: A Request for Informal Hearing is made by completing this form and e-mailing the form to QBPAPPEALS@cms.hhs.gov by 5:00 p.m. EST on February 29, 2024. No late requests will be accepted.

Contract Number (5 character CMS assigned code):	
Contact First Name (your first name):	
Contact Last Name (your last name):	
Contact Title (your job title):	
Contact Phone Number (your phone number, include extension if necessary):	
Contact email address (your email address):	

Overall Rating	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
		Miscalculation	Incorrect Data	
QBP/Overall Rating	Star Ratings		Not Appealable	

Part C Measures	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
		Miscalculation	Incorrect Data	
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C13-Improving Bladder Control	HEDIS / HOS		Not Appealable	
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C22-Rating of Health Care Quality	CAHPS		Not Appealable	
C23-Rating of Health Plan	CAHPS		Not Appealable	
C24-Care Coordination	CAHPS		Not Appealable	
C25-Complaints about the Health Plan	CTM		Not Appealable	
C26-Members Choosing to Leave the Plan	MBDSS		Not Appealable	
C27-Health Plan Quality Improvement	Star Ratings		Not Appealable	
C28-Plan Makes Timely Decisions about Appeals	IRE			
C29-Reviewing Appeals Decisions	IRE			
C30-Call Center – Foreign Language Interpreter and TTY Availability	Call Center			

Part D Measures	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
		Miscalculation	Incorrect Data	
D01-Call Center – Foreign Language Interpreter and TTY Availability	Call Center			
D02-Complaints about the Drug Plan	CTM	Not Applicable	Not Applicable	Not appealable, use Part C measure C25 above.
D03-Members Choosing to Leave the Plan	MBDSS	Not Applicable	Not Applicable	Not appealable, use Part C measure C26 above.
D04-Drug Plan Quality Improvement	Star Ratings		Not Appealable	
D05-Rating of Drug Plan	CAHPS		Not Appealable	
D06-Getting Needed Prescription Drugs	CAHPS		Not Appealable	
D07-MPF Price Accuracy	PDE, MPF Pricing		Not Appealable	
D08-Medication Adherence for Diabetes Medications	PDE		Not Appealable	
D09-Medication Adherence for Hypertension (RAS antagonists)	PDE		Not Appealable	
D10-Medication Adherence for Cholesterol (Statins)	PDE		Not Appealable	
D11-MTM Program Completion Rate for CMR	Part D Plan Reporting		Not Appealable	
D12-Statin Use in Persons with Diabetes (SUPD)	PDE data		Not Appealable	
Additional Comments (Please provide any additional information relevant to your request)				

From:	CMS QBPAPPEALS
To:	Medicare CO
Cc:	Turano, Michelle; Knodel, Sarah; SHamilton@reedsmith.com; LParkin@reedsmith.com; LReynolds@reedsmith.com; Galle, Robert C.; Dewane, Jennifer; Pick, Keith
Subject:	RE: R4487 - Reconsideration Submission
Date:	Thursday, February 22, 2024 4:52:00 PM
Attachments:	Attachment-Informal Hearing_Form_2025_2.xlsm image001.png QBP Decision Letter Elevance Health- R4487.pdf

Attached please see information related to your Request for Reconsideration.

From: Medicare CO <MedicareCO@anthem.com>
Sent: Friday, November 17, 2023 2:27 PM
To: CMS QBPAPPEALS <QBPAPPEALS@cms.hhs.gov>
Cc: Medicare CO <MedicareCO@anthem.com>; Turano, Michelle <michelle.turano@elevancehealth.com>; Knodel, Sarah <sarah.knodel@elevancehealth.com>; SHamilton@reedsmith.com; LParkin@reedsmith.com; LReynolds@reedsmith.com; Galle, Robert C. <robert.galle@elevancehealth.com>; Dewane, Jennifer <Jennifer.Dewane@elevancehealth.com>; Pick, Keith <keith.pick2@elevancehealth.com>
Subject: R4487 - Reconsideration Submission

Good Afternoon,

Pursuant to 42 C.F.R. § 422.260, Elevance Health seeks reconsideration of the Star ratings and quality bonus payment determinations of the above-referenced contract. In support of this request, attached hereto is the Reconsideration Form and supporting evidence. We kindly ask that you confirm receipt of this submission via response email.

Thank you.

Michelle Turano
Vice President, Compliance - Government Business Division
Medicare & Medicaid Compliance Officer
5411 Sky Center Dr., Tampa, Florida 33607
Phone: 813-295-1367
Michelle.turano@elevancehealth.com

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BOULEVARD
BALTIMORE, MARYLAND 21244-1850

CENTER FOR MEDICARE

February 22, 2024

Reconsideration Determination for R4487

Dear Ms. Turano,

Elevance Health's contract R4487 requested an administrative reconsideration of its 2025 Quality Bonus Payment (QBP) determination. The request was based on the 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. I reviewed the QBP determination, the evidence, and findings upon which the initial determination was based, and the additional information your organization submitted. As a result of my review, CMS will update the QBP rating for R4487 to 4 stars. **This reconsideration decision is final and binding unless a request for an informal hearing is filed in accordance with the instructions provided in this reconsideration decision notice.**

With respect to call number C1201004, I have no decision to make because R4487 already has a 5 Star Rating for C30, the measure into which this specific call factors. There is no possible change to this Star Rating, so I have no decision to render. With respect to call number D2000386, I have determined that the call should be removed from the results. In this call, "the chat window closed unexpectedly while waiting on the live screen." I do not find that CMS has demonstrated that the reason for this closure could be associated with the 711 relay service. With no clearly identified failure by Elevance's selected service, I cannot attribute the failure to Elevance. This would then make the score for D01 a 100% success rate, which merits a 5 Star Rating on D01. This decision renders the issue of cut points for D01 moot and I render no decision on that issue.

The administrative review process is a two-step process that includes a request for reconsideration and a request for an informal hearing on the record. This notice of the contract's reconsideration determination concludes the first step of the administrative review process. If your organization is dissatisfied with this reconsideration decision, the contract may request an informal hearing on the record to be conducted by a hearing officer designated by CMS.

The informal hearing request must pertain only to the measures and values in question that precipitated the request for reconsideration, in this case 2024 Star Ratings for the Overall Rating and Call Center – Foreign Language Interpreter and TTY Availability (D01) measure. The request must include a statement that describes the error(s) the contract asserts CMS made in its QBP determination and how correction of those errors could result in the organization's qualification for a higher QBP. In making the request your organization must

provide clear and convincing evidence that this reconsideration determination is incorrect. The burden is on the MA organization to prove an error was made in the calculation of its QBP. The hearing officer's decision will be final and binding on both the MA organization and CMS.

In the event that the hearing officer finds that your organization's QBP determination was incorrect, CMS will be obligated to recalculate the organization's QBP status based on that finding. The recalculation could cause your organization's QBP to become higher *or lower*. In some instances, the recalculation of the measures may not cause the Star Rating to rise above the cut off for the higher QBP Star Rating.

Pursuant to the MA organization's agreement with CMS, the deadline for providing written notice requesting an informal hearing under 42 C.F.R. § 422.260(c)(2) is five business days from the issuance of this reconsideration decision, not ten days. Request for an informal hearing on the record regarding the 2025 QBP determination is made by completing the Attachment, "Request for an Informal Hearing," and e-mailing the completed form and supporting documentation to QBPAPPEALS@cms.hhs.gov by **5:00 p.m. EST on February 29, 2024. A request for an informal hearing must be submitted by the date and time above or this reconsideration decision is final and binding.** Please ensure you receive confirmation from the mailbox that your request was received.

Any questions regarding this decision may be submitted to QBPAPPEALS@cms.hhs.gov.

Sincerely,

Jeffrey Grant -S Digitally signed by Jeffrey Grant -S
Date: 2024.02.22 13:56:34 -05'00'

Jeff Grant, CMS Reconsideration Official
Deputy Director for Operations
Center for Consumer Information and Insurance Oversight

Attachment: Request for an Informal Hearing

Attachment B - Request for Informal Hearing

Note: The QBP administrative review process is a two-step process which includes: 1) a request for reconsideration, and 2) a request for an informal hearing after CMS has rendered its reconsideration decision. Both steps are conducted at the contract level. The burden is on the MA organization to prove that the reconsideration decision was incorrect.

Instructions: Use only the "Request for Informal Hearing" form provided with the reconsideration decision. One form must be submitted for each contract for which reconsideration is requested. Complete the identifiable information including all contact information. Please enable Macros in this form. Mark an "X" next to the measure(s) that is the basis for the Request for Informal Hearing. Do not mark any measures for which you did not request a reconsideration. Please attach full documentation that supports your request for an informal hearing on the record. Save the information, include your contract number in the filename, and e-mail the completed form along with any additional documentary evidence to be considered to QBPAPPEALS@cms.hhs.gov by the due date.

Due Date: A Request for Informal Hearing is made by completing this form and e-mailing the form to QBPAPPEALS@cms.hhs.gov by 5:00 p.m. EST on February 29, 2024. No late requests will be accepted.

Contract Number (5 character CMS assigned code):	
Contact First Name (your first name):	
Contact Last Name (your last name):	
Contact Title (your job title):	
Contact Phone Number (your phone number, include extension if necessary):	
Contact email address (your email address):	

Overall Rating	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
		Miscalculation	Incorrect Data	
QBP/Overall Rating	Star Ratings		Not Appealable	

Part C Measures	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
		Miscalculation	Incorrect Data	
C01-Breast Cancer Screening	HEDIS		Not Appealable	
C02-Colorectal Cancer Screening	HEDIS		Not Appealable	
C03-Annual Flu Vaccine	CAHPS		Not Appealable	
C04-Monitoring Physical Activity	HEDIS / HOS		Not Appealable	
C05-Special Needs Plan (SNP) Care Management	Part C Plan Reporting		Not Appealable	
C06-Care for Older Adults – Medication Review	HEDIS		Not Appealable	
C07-Care for Older Adults – Pain Assessment	HEDIS		Not Appealable	
C08-Osteoporosis Management in Women who had a Fracture	HEDIS		Not Appealable	
C09-Diabetes Care – Eye Exam	HEDIS		Not Appealable	
C10-Diabetes Care – Blood Sugar Controlled	HEDIS		Not Appealable	
C11-Controlling Blood Pressure	HEDIS		Not Appealable	
C12-Reducing the Risk of Falling	HEDIS / HOS		Not Appealable	
C13-Improving Bladder Control	HEDIS / HOS		Not Appealable	
C14-Medication Reconciliation Post-Discharge	HEDIS		Not Appealable	
C15-Plan All-Cause Readmissions	HEDIS		Not Appealable	
C16-Statin Therapy for Patients with Cardiovascular Disease	HEDIS		Not Appealable	
C17-Transitions of Care	HEDIS		Not Appealable	
C18-Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	HEDIS		Not Appealable	
C19-Getting Needed Care	CAHPS		Not Appealable	
C20-Getting Appointments and Care Quickly	CAHPS		Not Appealable	
C21-Customer Service	CAHPS		Not Appealable	
C22-Rating of Health Care Quality	CAHPS		Not Appealable	
C23-Rating of Health Plan	CAHPS		Not Appealable	
C24-Care Coordination	CAHPS		Not Appealable	
C25-Complaints about the Health Plan	CTM		Not Appealable	
C26-Members Choosing to Leave the Plan	MBDSS		Not Appealable	
C27-Health Plan Quality Improvement	Star Ratings		Not Appealable	
C28-Plan Makes Timely Decisions about Appeals	IRE			
C29-Reviewing Appeals Decisions	IRE			
C30-Call Center – Foreign Language Interpreter and TTY Availability	Call Center			

Part D Measures	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
		Miscalculation	Incorrect Data	
D01-Call Center – Foreign Language Interpreter and TTY Availability	Call Center			
D02-Complaints about the Drug Plan	CTM	Not Applicable	Not Applicable	Not appealable, use Part C measure C25 above.
D03-Members Choosing to Leave the Plan	MBDSS	Not Applicable	Not Applicable	Not appealable, use Part C measure C26 above.
D04-Drug Plan Quality Improvement	Star Ratings		Not Appealable	
D05-Rating of Drug Plan	CAHPS		Not Appealable	
D06-Getting Needed Prescription Drugs	CAHPS		Not Appealable	
D07-MPF Price Accuracy	PDE, MPF Pricing		Not Appealable	
D08-Medication Adherence for Diabetes Medications	PDE		Not Appealable	
D09-Medication Adherence for Hypertension (RAS antagonists)	PDE		Not Appealable	
D10-Medication Adherence for Cholesterol (Statins)	PDE		Not Appealable	
D11-MTM Program Completion Rate for CMR	Part D Plan Reporting		Not Appealable	
D12-Statin Use in Persons with Diabetes (SUPD)	PDE data		Not Appealable	
Additional Comments (Please provide any additional information relevant to your request)				